Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of $4,486.00 for date of service 03/11/02 and extending through 04/12/02.

   b. The request was received on 07/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. TWCC 62 forms
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. TWCC 62 form
   c. Medical Records
   d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. According to the Commission's Dispute Resolution Information System: All information received from both parties; signed signature memo has not been returned. Therefore, all information from both parties will be considered timely and a decision will be written accordingly.

4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

   The provider did not submit a position statement, but did submit a response to the carrier's letter dated 09/04/02.

2. Respondent:

"A provider is obligated to document the necessity of the level of service for which reimbursement is being requested. (Spine Treatment Guideline 28TAC Section 134.1001(e)(2)(O), (e)(30(B))[sic]. The specific nature of the documentation is described in STG (e)(2)(A), (D), including documentation of improvement over time. (STG (e)(3)(C). Requestor has failed to document the necessity of the level of service billed and has failed to address this issue, other than to make general references to case law which has nothing to **do** with this dispute."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 03/11/02 and extending through 04/12/02.

2. The denial code listed is "O-DOCUMENTATION DOES NOT SUPPORT MEDICAL NECESSITY FOR TWO HOURS OF REHAB TO YEAR OLD WORKER'S COMP INJURY; SUGGEST WORK CONDITIONING.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/11/02	99213	$45.00	$0.00	O	$48.00	MFG E/M GR (IV)(C)(2) CPT descriptor	**"...TWO OF THE THREE KEY COMPONENTS** (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; … Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity." There is no medical documentation, found in the case file that indicates that the services were rendered according to the MFG. Therefore, reimbursement **is not** recommended.

03/11/02 03/13/02 03/15/02 03/18/02 03/20/02 03/22/02 03/25/02 03/27/02 03/29/02 04/01/02 04/03/02 04/05/02 04/08/02 04/11/02 04/12/02	97110	$175.00 $175.00 $140.00 $70.00 $210.00 $210.00 $280.00 $280.00 $280.00 $280.00 $280.00 $105.00 $280.00 $280.00 $140.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	O O O O O O O O O O O O O O O	$35.00 ea. 15 minutes	MFG MGR (I)(A)(10) CPT descriptor	Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, **no** reimbursement is recommended.
03/11/02 03/13/02 03/15/02 03/18/02 03/20/02 03/22/02 04/12/02	97112	$70.00 $70.00 $35.00 $35.00 $35.00 $35.00 $35.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	O O O O O O O	$35.00 ea. 15 minutes	MFG MGR (I)(A)(10) CPT descriptor	Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, **no** reimbursement is recommended.
03/11/02 03/13/02 03/15/02 03/18/02 03/20/02 03/22/02 04/05/02	97250	$43.00 $43.00 $43.00 $43.00 $43.00 $43.00 $43.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	O O O O O O O	$43.00 (one or more regions)	MGR (I)(A)(10); CPT Descriptor	Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of **$301.00**. ($43.00 x7).

03/13/02 03/15/02 03/18/02 03/20/02 03/22/02 03/27/02 04/05/02 04/08/02 04/11/02	97260	$40.00 $40.00 $40.00 $40.00 $40.00 $40.00 $40.00 $40.00 $40.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	O O O O O O O O O	$35.00 (one area)	MGR (I)(A)(10); CPT Descriptor	Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of **$360.00**. ($43.00 x9).
03/15/02 04/05/02 04/12/02	97530	$35.00 $140.00 $105.00	$0.00 $0.00 $0.00	O O O	$35.00 ea. 15 minutes		Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, **no** reimbursement is recommended.
Totals		$4,486.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$661.00.**

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $661.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb